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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 10/056,347 Confirmation No. 8306
Applicants : Ronald M. BURCH, et al.
Filed : January 25, 2002
For: : **Analgesic Combination of Oxycodone and Meloxicam**
TC/A.U. : 1639
Examiner : Bennett Celsa
Docket No. : 200.1079CON2

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450



Date: June 11, 2004

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/056,347
Filed: January 25, 2002
For: **ANALGESIC COMBINATION OF OXYCODONE AND MELOXICAM**

Sir:

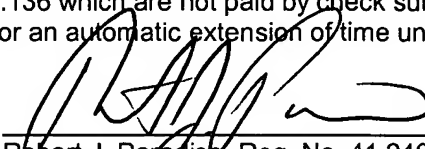
Transmitted herewith is a **Restriction Requirement Response** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)	(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus	=	0	x \$	9		x \$	18
INDEP. CLAIMS	Minus	=	0	x \$	42		x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140		+	\$280
TOTAL: \$						OR	TOTAL: \$	

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)
☒ Other: **Return Postcard**
- ☐ Check(s) in the amount of \$.00 is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

June 11, 2004.
 DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 